

DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 1202P-000363

DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

	original and first inventor on the a patent is sought on the		bject matter which
ACTU	ATION MECHANISM FO	R RECLINING CHAI	R
the specification of which	ch (check one)		
— or ⊠ wa	attached hereto. s filed on <u>June 20, 200</u> ernational Application No (if applicable).		
	ve reviewed and understa the claims, as amended b		
defined in 37 CFR § information which becathe national or PCT into I hereby claim foreign foreign application(s) international application States of America, lister foreign application for international application application for international application application for international application application application for international application a	ty to disclose information 1.56, including for conume available between the ernational filing date of the priority benefits under 35 for patent or inventor's a which designated at lead below and have also idear patent or inventor's cong date before that of the a	tinuation-in-part apple filing date of the price continuation-in-part at U.S.C. §§ 119(a)-(d) certificate, or 365 ast one country other certificate, or any file	lications, material or application. application. or 365(b) of any of any er than the United cking the box, any PCT international
application having a lilli			orionty is claimed:
	PRIOR FOREIGN APPL	LICATION(S) DATE FILED	DDIODITY OLAVA
APPN. SERIAL NO.	COUNTRY	(MM/DD/YYYY)	PRIORITY CLAIM Yes No

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

I hereby appoint each practitioner at Customer No. 27572 ()) of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572 (), Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

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Full nam of first inventor: Larry P. LaPointe			
Inventor's signature:			
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Mailing Address: Same as above			
Full name of second inventor: Chad S. Stateler			
Inventor's signature: Chad Status			
Date: 7 - 31 - 03			
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